



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Exhibit A - Photo/Media Release Form

Event: Children and Youth Homelessness Awareness Poster Contest

Location: Washington, D.C.

As the parent/guardian of (child's name) _____, I willingly give permission to have artwork submitted, picture taken and/or voice recorded and grant you permission to use my child's picture, voice and physical surroundings without restriction for the purposes of the Event referenced above, be it print, projection, internet web site, video or any future media market.

I expressly release the Office of the State Superintendent of Education, its employees, agents or representatives or any institution transmitting, or exhibiting my child's picture or voice, from any claims arising from such use or distribution.

I agree to be fully responsible for my child's participation and hold the Office of the State Superintendent of Education, its employees, agents and representatives harmless from any liability, loss of expense arising from the use of my picture or voice. I also consent to the use of my child's name, voice and/or picture, and other material for promotional, publicity, or organizational purposes.

I have read and understand the above:

Child's Name (print): _____

Home Address: _____

Current School & Grade: _____

Parent's Name (print): _____

Signature of parent/guardian (if under age 18): _____

Primary phone #: _____

Email: _____

Date: _____